

CLAIMS ONLY						Application Number <i>101834105</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
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41							91					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	9						Total Indep					
Total Depend	0	←	←	←	←	←	Total Depend	←	←	←	←	←
Total Claims	9						Total Claims					